

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO., INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE INDIAN TRIBE
3. ADDRESS OF OPERATOR: P.O. BOX 1910 CITY VERNAL STATE UT ZIP 84078		7. UNIT or CA AGREEMENT NAME: UTE TRIBAL
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1959' FSL, 2033' FWL		8. WELL NAME and NUMBER: UTE TRIBAL 20-11
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NESW 20 5S 3W U		9. API NUMBER: 4301332713
COUNTY: DUCHESNE		10. FIELD AND POOL, OR WILDCAT: ANTELOPE CREEK
STATE: UTAH		

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: <u>Extension Request</u>
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Petroglyph Operating Co., Inc. requests that the permit for the above location be extended for one year.

Approved by the
Utah Division of
Oil, Gas and Mining
Date: 12-13-05
By: [Signature]

COPY SENT TO OPERATOR
Date: 12-19-05
Initials: CHD

NAME (PLEASE PRINT) Ed Trotter TITLE Agent
SIGNATURE [Signature] DATE 11/30/2005

(This space for State use only)

RECEIVED
DEC 13 2005
DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL ☒ GAS WELL ☐ OTHER _____

2. NAME OF OPERATOR:
PETROGLYPH ENERGY, INC.

3. ADDRESS OF OPERATOR:
P.O. BOX 1910 CITY VERNAL STATE UT ZIP 84078

PHONE NUMBER:
(435) 789-4120

4. LOCATION OF WELL

FOOTAGES AT SURFACE: 1959' FSL, 2033' FWL

COUNTY: DUCHESNE

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NESW 20 5S 3W U

STATE: UTAH

5. LEASE DESIGNATION AND SERIAL NUMBER:
14-20-H62-3515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
UTE INDIAN TRIBE

7. UNIT or CA AGREEMENT NAME:
UTE TRIBAL

8. WELL NAME and NUMBER:
UTE TRIBAL 20-11

9. API NUMBER:
4301332713

10. FIELD AND POOL, OR WILDCAT:
ANTELOPE CREEK

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: <u>Extension Request</u>
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Petroglyph Energy, Inc. requests that the APD for the above-described well be extended for one year

Approved by the
Utah Division of
Oil, Gas and Mining

Date: 01-18-07

By: 

COPY SENT TO OPERATOR
Date: 1-18-07
Initials: Rm

NAME (PLEASE PRINT) Ed Trotter

TITLE Agent

SIGNATURE 

DATE 1/11/2007

(This space for State use only)

RECEIVED
JAN 16 2007

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

JUL 26 2010

FORM APPROVED
OMB No. 1004-0137
Expires July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND

BLM

5. Lease Serial No.
1420H623515

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		7. Unit or CA Agreement Name and No. 1420H623515	
2. Name of Operator PETROGLYPH		8. Lease Name and Well No. UTE TRIBAL 20-11	
3. Address BOX 607 ROOSEVELT, UT 84066		3a. Phone No. (include area code) Ph: 435-722-2531	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NESW 1959FSL 2033FWL At top prod interval reported below NESW 1959FSL 2033FWL At total depth NESW 1959FSL 2033FWL		9. API Well No. 43-013-34049	
14. Date Spudded 06/07/2010		15. Date T.D. Reached 06/16/2010	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/01/2010		17. Elevations (DF, KB, RT, GL)* 6443 GL	
18. Total Depth: MD 6042 TVD 6042		19. Plug Back T.D.: MD 5971 TVD 5971	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) ACTR, BHV, SPEC. DEN, DIR SURV., CBL	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
20.000	14.000 K-55CON	42.0	0	40		15	3	0	
12.250	8.525 J-55	24.0	0	497		220	46	0	
7.750	5.500 J-55	15.5	0	6051		813	281	120	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	5192							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) GREEN RIVER	4240	5122	4240 TO 4248	0.420	32	OPEN
B)			4456 TO 4460	0.420	16	OPEN
C)			4466 TO 4474	0.420	32	OPEN
D)			4482 TO 4490	0.420	32	OPEN

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
5122 TO 5126	14,238# OF 1#-5# RAMP SAND FRAC. 122 BBLs. 20# DELTA 140 W/250 GALS. 15% HCL
4874 TO 4937	25,206# OF 1#-5# RAMP SAND FRAC. 219 BBLs. 20# DELTA 140 W/250 GALS. 15% HCL
4456 TO 4616	51,700# OF 1#-5# RAMP & 9,073# OF 6# SAND FRAC. & 454 BBLs. 20# DELTA 140 W/250 GALS 15% HCL
4240 TO 4248	26,363# OF 1#-5# RAMP SAND FRAC. & 278 BBLs. 20# DELTA 140 W/250 GALS. 15% HCL

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
07/01/2010	07/03/2010	24	→	40.0	12.0	115.0	33.0	0.65	GAS PUMPING UNIT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
34	170	280.0	→	40	12	115	300	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #90228 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

VERNAL FIELD OFFICE
ENG. RLA 10/27/10
GEOL. _____
F.S. _____
PET _____

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas Oil Ratio	Well Status	
			→						

29. Disposition of Gas (Sold, used for fuel, vented, etc.)
USED ON LEASE

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
				MAHOGANY MKR	2952
				GARDEN GULCH	3654
				B MKR	4049
				X MKR	4534
				Y MKR	4571
				DOUGLAS CREEK MKR	4677
				B LIME	5058
				CASTLE PEAK MKR	5617

32. Additional remarks (include plugging procedure):

SEC> #44 GR. RIVER PERFS. CONT.: 4613'-4616'=.42 dia. 12 holes open
4874'-4877'=.42 dia. 12 holes open
4882'-4884'=.42 dia. 8 holes open
4935'-4938'=.42 dia. 12 holes open
5122'-5126'=.42 dia. 16 holes open

SEC> #52 FORMATION LOG MARKERS CONT.: BASAL CARBONATE TOP=6030'

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7 Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #90228 Verified by the BLM Well Information System.
For PETROGLYPH, sent to the Vernal
Committed to AFMSS for processing by GAIL JENKINS on 07/28/2010 ()

Name (please print) BOYD E COOK

Title REPORT AUTHORIZER

Signature (Electronic Submission)

Date 07/26/2010

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEE INSTRUCTIONS ON
REVERSE SIDE

081506

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether OF, AT, OR VIA) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ADA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
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☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

SHOOTING OR ACIDIZING

ALTERING CASING

(Other) Spud Date

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
(Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/8/86 Spudded well this date w/Leon Ross rathole rig, spudded at 10:00AM.

8/9/86 RIH w/8 jts 8-5/8" 24.00# J55 STC casing w/GS and 2 centralizers, landed casing at 317', cemented w/200 sx. Class G cement w/2% CACL, 1/4#/sx. floseal.

8/10 to

8/11/86 RU Olsen Rig #2, preparing to commence drilling w/Olsen Rig #2 today.

RECEIVED
AUG 14 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Nolme

TITLE Petroleum Engineer

DATE

8/12/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

082832

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether SF, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
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☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

Progress Report

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/11/86 Started drilling w/Olsen Rig #2.

8/12 to
8/19/86 Drilled to TD of 6700'.

8/20/86 TD 6700', RIH w/151 jts 5-1/2" 15.50# J55 casing, set at 6025', cemented w/1000 sx. 50/50 pozmix, 300 sx. light cement. Released Olsen Rig #2 8/20/86.

8/21/86 WOCT.

RECEIVED
AUG 25 1986DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

8-22-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

100722

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTED OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----	
4. LOCATION OF WELL (Report location clearly and in accordance with any state requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal	
16. PERMIT NO. 43-013-31175		9. WELL NO. 3-20	
17. ELEVATIONS (Show whether SP, ST, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W	
		12. COUNTY OR PARISH, 13. STATE Duchesne Utah	

RECEIVED
OCT 02 1986DIVISION OF
OIL, GAS & MINING

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8/21 to

9/11/86

WOCT.

9/12/86

MIRU B&B Well Service, started completion work by perfing the following: 5878, 76, 75, 74, 72, 48, 46, 44, 43, 42, 40; 5791, 90, 89, 17, 16, 15, 06, 05; 5704' totaling 20 shots. Broke down w/35 ball sealers, and fraced w/54,000 gals X-link gel water, 75,000# 20/40 sand and 15,000# 10/20 sand.

9/13 to

9/22/86

Swabbed well back.

9/23/86

Perf'd second zone from 4994-5002', 4736-4741', 4404-4406', 4398-4400' w/20 shots. Broke down w/ball sealers and production water.

9/24 to

9/25/86

Fraced well from 5002-4400' w/1516 bbls X-link gel, 136,000# 20/40 sand and 15,000# 10/20 sand.

9/26/86

Flowing well after frac.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

9-26-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY:

101523

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

Dreg

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515	
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3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal	
5. DIVISION OF OIL, GAS & MINING		9. WELL NO. 3-20	
10. FIELD AND POOL, OR WILDCAT Antelope Creek		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W	
14. PERMIT NO. 43-013-31175	15. ELEVATIONS (Show whether SF, RT, GR, etc.) 6442'GL	12. COUNTY OR PARISH Duchesne	13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

REPAIRING WELL

☐
☐
☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other)

First day of Production

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

10/3/86 FIRST DAY OF PRODUCTION: started pumping at 4:30PM this day.

Sales from this well will be made to the following:

Oil:

Gas:

Texaco Trading & Transportation
PO Box 5568
Denver, Colorado 80217Coors Energy Company
PO Box 467
Golden, Colorado 80402

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

10-6-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CERTIFY OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SEAL IN TRIPLICATE
(other instructions on
reverse side)

101616

3. LEASE DESIGNATION AND SERIAL NO.

14-20--H62-3515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Tribe

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Tribal

9. WELL NO.

3-20

10. FIELD AND POOL, OR WILDCAT

Antelope Creek

11. SEC., T., R. M., OR BLK. AND
SURVEY OR AREA

Sec. 20, T5S-R3W

12. COUNTY OR PARISH

Duchesne

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Coors Energy Company

3. ADDRESS OF OPERATOR

P.O. Box 467, Golden, Colorado 80402

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1950'FWL, 2050'FNL, SE/4NW/4

14. PERMIT NO.

43-013-31175

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

6442' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Site Facility Security Plan ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This recently completed well is commingled with production from the Ute Tribal 2-20 well and utilizes those facilities located at the 2-20 wellsite. Attached is a facility diagram and security plan of the Ute Tribal 2-20. All security measures will pertain to the Ute Tribal 3-20 that are given to the Ute Tribal 2-20.

RECEIVED
OCT 15 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

Joe A Smith

TITLE

Oil & Gas Sup.

DATE

9/30/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether SP, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>First Production</u>	
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

First day of production: 10/3/86 - started pumping at 4:30PM this day.

Sales from this well will be made to the following:

OIL:

Texaco Trading & Transportation
PO box 5568
Denver, Colorado 80217

GAS:

Coors Energy Company
PO Box 467
Golden, Colorado 80402

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

10-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN TRIPLED COPY
(Other instructions on reverse side)

102331-Drq.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/4NW/4		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

RECEIVED
OCT 22 1986

DIVISION OF
OIL, GAS & MINING

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT ☐

First Production
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

First day of production: 10/3/86 - started pumping at 4:30PM this day.

Sales from this well will be made to the following:

OIL:

Texaco Trading & Transportation
PO box 5568
Denver, Colorado 80217

GAS:

Coors Energy Company
PO Box 467
Golden, Colorado 80402

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

10-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

102341

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3515	
2. NAME OF OPERATOR Coors Energy Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402				7. UNIT AGREEMENT NAME -----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1950' FWL, 2050' FNL, SE/4NW/4 At top prod. interval reported below same At total depth same				8. FARM OR LEASE NAME Ute Tribal	
14. PERMIT NO. 43-013-31175 DATE ISSUED 7/16/86				9. WELL NO. 3-20	
15. DATE STUDDERED 8/8/86 16. DATE T.D. REACHED 8/19/86 17. DATE COMPL. (Ready to prod.) 10/1/86 18. ELEVATIONS (DP, RER, RT, OR, ETC.) 6442' GL 19. ELEV. CASINGHEAD -----				10. FIELD AND POOL, OR WILDCAT Antelope Creek	
20. TOTAL DEPTH, MD & TVD 6700' 21. PLUG, BACK T.D., MD & TVD 5934' 22. IF MULTIPLE COMPL. HOW MANY? ----- 23. INTERVALS DRILLED BY ----- 24. PRODUCING INTERVAL(S) OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 4398-5878', Green River 25. WAS DIRECTIONAL SURVEY MADE no				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 20, T5S-R3W	
26. TYPES ELECTRIC AND OTHER LOGS RUN CBL, DIL, CNL				12. COUNTY OR PARISH Duchesne 13. STATE Utah	
27. WAS WELL CORED no					
28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	MOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.00#	317'	12-1/4"	200 sx.	
5-1/2"	15.50#	6700'	1-7/8"	1300 sx.	
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
2-7/8"	5903'				
31. PERFORATION RECORD (Interval, size and number)					
5878, 76, 75, 74, 72, 48, 46, 44, 43, 42, 40; 5791, 90, 89, 17, 16, 15, 06, 05; 5704'			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
4994-5002', 4736-4741', 4404-4406', 4398-4400'			DEPT. INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED		
			5878-5704' 75,000# 20/40 sand, 15,000#		
			10/20 sand, 1542 bbls gel wtr.		
			1516 bbls gel wtr, 136,000#		
			20/40 sand, 15,000# 10/20 sand		
33. PRODUCTION					
DATE FIRST PRODUCTION 10/3/86		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping, 2-1/2" x 1-1/4" x 15-1/2' rod pump		WELL STATUS (Producing or shut-in) Producing	
DATE OF TEST 10/11/86	MOCKS TESTED 24	CHOKE SIZE ---	PROD'N. FOR TEST PERIOD	OIL—BSL 78	GAS—MCP. 25
WATER—BSL 3	GAS-OIL RATIO 320:1				
FLOW. TUBING PRESS. 30	CASING PRESSURE 40	CALCULATED 24-HOUR RATE	OIL—BSL 78	GAS—MCP. 25	WATER—BSL 3
OIL GRAVITY-API (CORR.) 32+					
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold					
35. LIST OF ATTACHMENTS one each of the above listed logs					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED R. L. Martin		TITLE V.P. O/G Operations		DATE 10-20-86	

* (See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions. If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 13: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
en River:	1560'					
en River (ranchise Creek):	2986'					
en River (arden Gulch):	3688'					
en River (er Douglas ek):	4704'					

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SL (Instructions on reverse side)
TRIPPLICATE

111019

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME _____	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950' FWL, 2050' FNL, SE/4NW/4.		8. FARM OR LEASE NAME Ute Tribe	
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20	
15. ELEVATIONS (Show whether OP, RT, GR, etc.) ✓ 6442' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 20, T5S-R3W	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/> Commingle Production	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Permission is hereby requested to commingle the Ute Tribal 3-20 well with the existing Ute Tribal 2-20 well. Surface facilities are located at the Ute Tribal 2-20. The Ute Tribal 3-20 is a recently completed well & is on the same lease as the Ute Tribal 2-20. Gas measurement metering & production separation equipment is in operation at the 2-20. The 3-20 would be commingled into the 2-20 via a surface 3" flowline, 2-1½" trace lines & a 1" gas return line. The line would follow the existing lease road & conform to tan colored jacket standards. It would be economically advantageous to allow the commingling of the wells & is an accepted practice in the Antelope field. Your concurrence is requested.

RECEIVED
NOV 06 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING

DATE

*See Instructions on Reverse Side

CONDITIONS OF APPROVAL, IF ANY:
Federal approval of this action
is required before commencing
operations.

BY

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

BMET IN TRIPLICATE
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508	
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe	
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME ----	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950'FWL, 2050'FNL, SE/NW		8. FARM OR LEASE NAME Ute Tribal	
5. PERMIT NO. 43-013-31175		9. WELL NO. 3-20	
10. ELEVATIONS (Show whether SP, RT, OR, etc.) 6442'GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W		12. COUNTY OR PARISH Duchesne	
13. STATE Utah			

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Recompletion Report

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/1/88 MIRU General Well Service to recomple new interval as follows:

6/2/88 Set RBP at 4360', perf'd from 4262-4288' w/4 SPF totaling 104 holes.

6/3/88 Fraced above interval w/3% KCL X-link gel water w/120,000# sand (108,000# 20/40 mesh and 12,000# of 16/30 mesh. Total water 1271 bbls.

6/4 to

6/8/88 Swabbed well back. RIH w/2-7/8" tubing set at 4284' KB. RIH w/2-1/2" x 1-1/4" x 16' top hold down pump and 114 3/4" and 55 7/8" rods. Resumed pumping at 11:00AM 6/9/88.

Presently pump testing.

OH AND GAS	
DRN	RJF
JRB	GLH
DTS	SLS
MTAS	
2 - MICROFILM	✓
3 - FILE	

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE

V.P. O/G Operations

DATE

6-14-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMITTEE OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

UNIT IN UNIFORM ALL
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. 14-20-H62-3508
2. NAME OF OPERATOR Coors Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Tribe
3. ADDRESS OF OPERATOR PO Box 467, Golden, Colorado 80402		7. UNIT AGREEMENT NAME -----
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1950' FWL, 2050' FNL, SE/NW		8. FARM OR LEASE NAME Ute Tribal
14. PERMIT NO. 43-013-31175		9. WELL NO. 3-20
15. ELEVATIONS (Show whether of, to, or, etc.) 6442' GL		10. FIELD AND POOL, OR WILDCAT Antelope Creek
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R3W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Recompletion Report

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

6/9 to

6/20/88 Pump tested new interval from 4262-4288'.

MIRU B&B Well Service to pull RBP at 4360' and put back on production.

6/21 to

6/23/88 Cleaned out well. POH w/RBP, RIH w/tubing, set tubing tail at 5820', RIH w/2-1/2" x 1-1/4" x 16' top hold down pump, 155 3/4" and 76 7/8" rods.

Resumed rod pumping at 5:00PM 6/23/88. RDMO B&B Well Service.

Presently pump testing old and new interval.

18. I hereby certify that the foregoing is true and correct

SIGNED

R. L. Martin

TITLE V.P. O/G Operations

DATE

6-28-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COMMENTS OF APPROVAL, IF ANY:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN DUPLICATE*
 (See other instructions
 on reverse side)

56 64 01

6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☒ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐

2. NAME OF OPERATOR

Coors Energy Company

3. ADDRESS OF OPERATOR

PO Box 467, Golden, Colorado 80402

DIVISION OF
OIL, GAS & MINING

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1950'FWL, 2050'FNL, SE/NW

At top prod. interval reported below

same

At total depth

same

14. PERMIT NO.

DATE ISSUED

43-013-31175

7/16/86

15. DATE SPUDDED

8/8/86

16. DATE T.D. REACHED

8/19/86

17. DATE COMPL. (Ready to prod.)

6/23/88

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

6442'GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

6700'

21. PLUG, BACK T.D., MD & TVD

5956'

22. IF MULTIPLE COMPL.,
HOW MANY*

23. INTERVALS
DRILLED BY

----->

ROTARY TOOLS

10-6700'

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

4262-5878', Green River

25. WAS DIRECTIONAL
SURVEY MADE

no

26. TYPE ELECTRIC AND OTHER LOGS RUN

On original Well Completion Report

27. WAS WELL CORED

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
On original	Well Completion				

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-7/8"	5820'	
					EUE 8RD		

31. PERFORATION RECORD (Interval, size and number)

4262-88' w/4 SPF totaling 104 holes
23 gram charges

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4262-88'	120,000# sand, 1271 bbls water

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
Resumed: 6/23/88		Pumping, 2-1/2" x 1-1/4" x 16' THDP				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7/2/88	24	pumping	→	78	67	5	859
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
---	40	→	78	67	5	33	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Sold

TEST WITNESSED BY

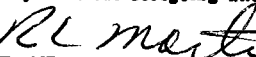
Jim Simonton

35. LIST OF ATTACHMENTS

None

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED


 R. L. Martin

TITLE

V.P. O/G Operations

DATE

7/8/88

*(See Instructions and Spaces for Additional Data on Reverse Side)

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

1. Type of Well: OIL ☒ GAS ☐ OTHER:

2. Name of Operator:
PETROGLYPH OPERATING COMPANY, INC.

3. Address and Telephone Number:
P. O. BOX 1807, Hutchinson, KS 67504-1807 316-665-8500

4. Location of Well
Footages: 1950'FWL & 2050'FNL

CO. Sec. T., R., M.: SENW 20- T5S-R3W, U.S.M.

5. Lease Designation and Serial Number:
14-20-H62-3508

6. If Indian, Allocated or Tribe Name:
UTE TRIBAL

7. Unit Agreement Name:
N/A

8. Well Name and Number:
Ute Tribal 3-20

9. API Well Number:
43-013-31175

10. Field and Pool, or Wildcat:
Antelope Creek Field
Green River Pool

County: DUCHESNE

State: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

NOTICE OF INTENT
(Submit in Duplicate)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Multiple Completion | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Other CHANGE OF OPERATOR | |

Approximate date of change 3-1-94

SUBSEQUENT REPORT
(Submit Original Form Only)

- | | |
|--|---|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Pull or Alter Casing |
| <input type="checkbox"/> Change of Plans | <input type="checkbox"/> Shoot or Acidize |
| <input type="checkbox"/> Conversion to Injection | <input type="checkbox"/> Vent or Flare |
| <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Other | |

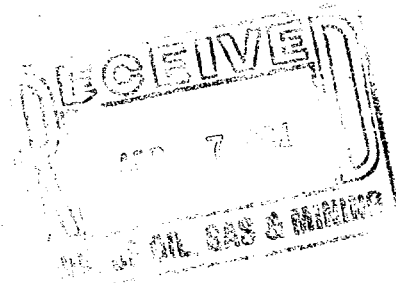
Date of work completion

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

change of operator from Evertson Oil Company, Inc. to
Petroglyph Operating Company, Inc. effective 3-1-94



13. PETROGLYPH OPERATING COMPANY, INC.

Name & Signature:

Title: President

Date: 3-25-94

R. A. CHRISTENSEN

(This space for State use only)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Petroglyph Operating Company, Inc.

3. Address and Telephone No.

6209 N. Highway 61 Hutchinson, KS 67502 (316) 665-8500

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SENW 2050 FNL & 1950 FWL
20-5S-3W

5. Lease Designation and Serial No.

14-20-H62-3515

6. If Indian, Allottee or Tribe Name

Ute Indian Tribe

7. If Unit or CA, Agreement Designation

14-20-H62-4650

8. Well Name and No.

Ute Tribal 3-20

9. API Well No.

43-013-31175

10. Field and Pool, or Exploratory Area

Antelope Creek

11. County or Parish, State

Duchesne County, UT

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other well name change

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

In an effort to bring all of the existing wells and the anticipated wells to be drilled into a uniform numbering system, based on 40 acre locations, each well name will be changed to consist of its section location followed by the correct number of its well spot, based upon 16 wells per section.

Petroglyph Operating Company, Inc. would like to notify by subsequent report that the above referenced well name has been changed to Ute Tribal 20-06. This will be effective January 1, 1996.

14. I hereby certify that the foregoing is true and correct

Signed

Title

President

1/25/96

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals

1 TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER. 1420H624650
2. NAME OF OPERATOR. PETROGLYPH OPERATING COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE INDIAN TRIBE
3. ADDRESS OF OPERATOR PO BOX 607 CITY ROOSEVELT STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 1420H623515
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1950 FWL, 2050 FNL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN SENW 20 T5S R3W U		8. WELL NAME and NUMBER. UTE TRIBAL 20-06 9. API NUMBER: 4301331175 10. FIELD AND POOL, OR WILDCAT: ANTELOPE CREEK FIELD
		COUNTY: DUCHESNE STATE: UTAH

11 CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____ <input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input checked="" type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER _____

12 DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

PLEASE CHANGE THE WELL STATUS TO A POW EFFECTIVE: 7/1/2010

NAME (PLEASE PRINT) <u>GLEND A DAVIS</u>	TITLE <u>OFFICE MANAGER</u>
SIGNATURE <u><i>Glenda Davis</i></u>	DATE <u>7/13/2010</u>


(This space for State use only)

JUL 14 2010

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 3

AMENDED REPORT ☐

APPLICATION FOR PERMIT TO DRILL						1. WELL NAME and NUMBER Ute Tribal 20-10					
2. TYPE OF WORK DRILL NEW WELL <input checked="" type="checkbox"/> REENTER P&A WELL <input type="checkbox"/> DEEPEN WELL <input type="checkbox"/>						3. FIELD OR WILDCAT ANTELOPE CREEK					
4. TYPE OF WELL Oil Well Coalbed Methane Well: NO						5. UNIT or COMMUNITIZATION AGREEMENT NAME ANTELOPE CREEK					
6. NAME OF OPERATOR PETROGLYPH OPERATING CO						7. OPERATOR PHONE 208 685-7685					
8. ADDRESS OF OPERATOR 960 Broadway Avenue, Ste 500, Boise, ID, 83703						9. OPERATOR E-MAIL ppowell@pgei.com					
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE) 1420H623515				11. MINERAL OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>		12. SURFACE OWNERSHIP FEDERAL <input type="checkbox"/> INDIAN <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>					
13. NAME OF SURFACE OWNER (if box 12 = 'fee')						14. SURFACE OWNER PHONE (if box 12 = 'fee')					
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')						16. SURFACE OWNER E-MAIL (if box 12 = 'fee')					
17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN') Ute Indian Tribe				18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS YES <input type="checkbox"/> (Submit Commingling Application) NO <input checked="" type="checkbox"/>		19. SLANT VERTICAL <input checked="" type="checkbox"/> DIRECTIONAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/>					
20. LOCATION OF WELL		FOOTAGES		QTR-QTR	SECTION	TOWNSHIP		RANGE	MERIDIAN		
LOCATION AT SURFACE		1906 FSL 2155 FEL		NWSE	20	5.0 S		3.0 W	U		
Top of Uppermost Producing Zone		1906 FSL 2155 FEL		NWSE	20	5.0 S		3.0 W	U		
At Total Depth		1906 FSL 2155 FEL		NWSE	20	5.0 S		3.0 W	U		
21. COUNTY DUCHESNE				22. DISTANCE TO NEAREST LEASE LINE (Feet) 1906		23. NUMBER OF ACRES IN DRILLING UNIT 640					
				25. DISTANCE TO NEAREST WELL IN SAME POOL (Applied For Drilling or Completed) 1069		26. PROPOSED DEPTH MD: 6261 TVD: 6261					
27. ELEVATION - GROUND LEVEL 6422				28. BOND NUMBER LPM4138336		29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 43-8342					
Hole, Casing, and Cement Information											
String	Hole Size	Casing Size	Length	Weight	Grade & Thread	Max Mud Wt.	Cement	Sacks	Yield	Weight	
Cond	20	14	0 - 54	5.0	Unknown	10.0	Class G	25	1.17	15.8	
Surf	12.25	8.625	0 - 494	24.0	J-55 ST&C	10.0	Class G	227	1.17	15.8	
Prod	7.875	5.5	0 - 6261	15.5	J-55 LT&C	10.0	Class G	474	1.92	12.5	
							Class G	343	1.46	13.4	
ATTACHMENTS											
VERIFY THE FOLLOWING ARE ATTACHED IN ACCORDANCE WITH THE UTAH OIL AND GAS CONSERVATION GENERAL RULES											
<input checked="" type="checkbox"/> WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER					<input checked="" type="checkbox"/> COMPLETE DRILLING PLAN						
<input type="checkbox"/> AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)					<input type="checkbox"/> FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER						
<input type="checkbox"/> DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)					<input checked="" type="checkbox"/> TOPOGRAPHICAL MAP						
NAME Ed Trotter				TITLE Agent			PHONE 435 789-4120				
SIGNATURE				DATE 06/03/2013			EMAIL edtrotter@easilink.com				
API NUMBER ASSIGNED 43013522260000				APPROVAL  Permit Manager							

RECEIVED: June 12, 2013

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000
PHONE NUMBER: 208 685-7685 Ext		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
COUNTY: DUCHESNE		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME	
<input checked="" type="checkbox"/> SPUD REPORT Date of Spud: 9/6/2013	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: <input style="width: 100px;" type="text"/>	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well was spud on 9/6/2013 at approximately 10:00 A.M. Using a Bucket Rig (BR 2) provided by Craig's Roustabout Service-Vernal UT, we set 60' of 16" Conductor. For additional information please contact our staff at 435-722-2531.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 September 09, 2013

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 9/6/2013	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515			
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In			
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK			
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10			
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000			
9. FIELD and POOL or WILDCAT: ANTELOPE CREEK		COUNTY: DUCHESNE			
STATE: UTAH					
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA					
TYPE OF SUBMISSION <input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 12/17/2013 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	TYPE OF ACTION <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/> </td> </tr> </table>		<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>
<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>			
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. Please see attached. <div style="text-align: right; margin-top: 20px;"> Accepted by the Utah Division of Oil, Gas and Mining Date: December 11, 2013 By: <u><i>Dark Quist</i></u> </div>					
NAME (PLEASE PRINT) Rodrigo Jurado		PHONE NUMBER 435 722-5302			
SIGNATURE N/A		TITLE Regulatory & Compliance Spc			
DATE 12/6/2013					

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____			5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.			6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066			7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906' FSL, 2145' FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWSE 20 5S 3W U			8. WELL NAME and NUMBER: Ute Tribal 20-10
PHONE NUMBER: (435) 722-2531			9. API NUMBER: 4301352226
			10. FIELD AND POOL, OR WILDCAT: Antelope Creek
			COUNTY: Duchesne
			STATE: UTAH

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: 12/17/2013	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On or around 12/17/2013, depending on equipment availability, Petroglyph Operating intends to perforate and fracture treat the following: 4216-22, 4252-60, 4366-69, 4447-51, 4455-57, 4472-78, 4485-89, 4672-75, 4727-30, 4764-68, 5070-72, 5105-09, 5339-48, 5356-60, 5364-70, 5454-62, 5480-86, 5659-61, 5679-81, 5679-81, 5689-91 & 5764-67. We will perforate at 4 shots per foot and isolate zones using Halliburton 8K Composite Plugs. We plan complete the following stages:

5659-5767: 13,440 Gals of fluid containing 24,000#'s of sand,
 5454-5486: 21,280 Gals of fluid containing 38,000#'s of sand,
 5339-5370: 29,120 Gals of fluid containing 52,000#'s of sand,
 5070-5109: 8,960 Gals of fluid containing 16,000#'s of sand,
 4672-4768: 15,120 Gals of fluid containing 27,000#'s of sand,
 4366-4489: 30,800 Gals of fluid containing 55,000#'s of sand
 4216-4260: 21,280 Gals of fluid containing 38,000#'s of sand.

This plan is tentative and will be adjusted as needed during completion operations. Volumes and amounts of sand are only estimates, actual figures will be reported at a later date. All plugs will be drilled out and the well swabbed as necessary.

NAME (PLEASE PRINT) Rodrigo Jurado TITLE Regulatory Compliance Specialist

SIGNATURE  DATE 12/5/2013

(This space for State use only)

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute In
1. TYPE OF WELL Oil Well		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		8. WELL NAME and NUMBER: Ute Tribal 20-10
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500 , Boise, ID, 83703		9. API NUMBER: 43013522260000
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
		COUNTY: DUCHESNE
		STATE: UTAH

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 1/10/2014	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION		OTHER: <input type="text"/>
<input type="checkbox"/> SPUD REPORT Date of Spud:			
<input type="checkbox"/> DRILLING REPORT Report Date:			

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The date of first production for this well was 01/10/2014.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY
 January 14, 2014

NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 1/13/2014	

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
1. TYPE OF WELL Oil Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: UTE
2. NAME OF OPERATOR: PETROGLYPH OPERATING CO		7. UNIT or CA AGREEMENT NAME: ANTELOPE CREEK
3. ADDRESS OF OPERATOR: 960 Broadway Avenue, Ste 500, Boise, ID, 83703		8. WELL NAME and NUMBER: Ute Tribal 20-10
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906 FSL 2155 FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NWSE Section: 20 Township: 05.0S Range: 03.0W Meridian: U		9. API NUMBER: 43013522260000
PHONE NUMBER: 208 685-7685 Ext		9. FIELD and POOL or WILDCAT: ANTELOPE CREEK
COUNTY: DUCHESNE		STATE: UTAH
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 1/4/2014	<input type="checkbox"/> ALTER CASING	
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CASING REPAIR	
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	
	<input type="checkbox"/> CHANGE WELL STATUS	
	<input type="checkbox"/> CHANGE TUBING	
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	
	<input checked="" type="checkbox"/> FRACTURE TREAT	
	<input type="checkbox"/> DEEPEN	
	<input type="checkbox"/> PLUG AND ABANDON	
	<input type="checkbox"/> NEW CONSTRUCTION	
	<input type="checkbox"/> OPERATOR CHANGE	
	<input type="checkbox"/> RECLAMATION OF WELL SITE	
	<input type="checkbox"/> PLUG BACK	
	<input type="checkbox"/> PRODUCTION START OR RESUME	
	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION	
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	
	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	
	<input type="checkbox"/> TEMPORARY ABANDON	
	<input type="checkbox"/> TUBING REPAIR	
	<input type="checkbox"/> VENT OR FLARE	
	<input type="checkbox"/> WATER DISPOSAL	
	<input type="checkbox"/> WATER SHUTOFF	
	<input type="checkbox"/> SI TA STATUS EXTENSION	
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	
	<input type="checkbox"/> OTHER: <input style="width: 100px;" type="text"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. <div style="text-align: center; padding: 20px;"> Please see attached. </div> <div style="text-align: right; padding: 20px;"> Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY March 20, 2014 </div>		
NAME (PLEASE PRINT) Rodrigo Jurado	PHONE NUMBER 435 722-5302	TITLE Regulatory & Compliance Spc
SIGNATURE N/A	DATE 3/19/2014	

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

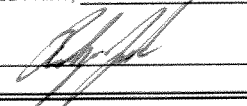
1. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER _____		5. LEASE DESIGNATION AND SERIAL NUMBER: 14-20-H62-3515
2. NAME OF OPERATOR: Petroglyph Operating Company Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P.O. Box 607 CITY Roosevelt STATE UT ZIP 84066		7. UNIT or CA AGREEMENT NAME: 14-20-H62-4650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1906' FSL, 2155' FEL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: NWSE 20 5S 3W U		8. WELL NAME and NUMBER: Ute Tribal 20-10 9. API NUMBER: 4301352226 10. FIELD AND POOL, OR WILDCAT: Antelope Creek
		COUNTY: Duchesne STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input checked="" type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: 1/4/2014	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

On 12/18/2013 Petroglyph Operating ran GR/CBL and found ETOC @ Surface, then on 12/19/2013 perforated the following: 5764-67, 5689-91, 5679-81, 5659-61, 5480-86, 5454-62, 5364-70, 5356-60, 5339-48, 5105-09, 5070-72, 4764-68, 4727-30, 4672-75, 4485-89, 4472-78, 4455-57, 4447-51, 4366-69, 4252-60 & 4216-22. We isolated and fracture treated the following: 5,659'-5,767': 513 Bbbs of fluid containing 24,320#'s of sand, 5,454'-5,486': 548 Bbbs of fluid containing 38,370#'s of sand, 5,339'-5,370': 599 Bbbs of fluid containing 52,310#'s of sand, 5,070'-5,109': 386 Bbbs of fluid containing 15,590#'s of sand, 4,672'-4,768': 441 Bbbs of fluid containing 27,110#'s of sand, 4,366'-4,489': 639 Bbbs of fluid containing 55,350#'s of sand, 4,216'-4,260': 495 Bbbs of fluid containing 36,530#'s of sand. Isolation plugs used were Halliburton 8K Composite Plugs, fluid used was Delta 140 18# gelled fluid, sand used was 20/40 Mesh Premium White Sand and guns used were Titan 3-1/8", containing 22.7 gram charges, 0.42" EHD, 23.54" TTP @ 4 SPF @ 120* Phased. All plugs were drilled out and cleaned out to PBTD, 6,078' & The well was swabbed until a good oil cut was seen. We then ran a pump on 1/4/2014 and put to pump.

NAME (PLEASE PRINT) <u>Rodrigo Jurado</u>	TITLE <u>Regulatory Compliance Specialist</u>
SIGNATURE 	DATE <u>3/19/2014</u>

(This space for State use only)

31. INITIAL PRODUCTION

INTERVAL A (As shown in item #26)

DATE FIRST PRODUCED: 1/10/2014	TEST DATE: 2/7/2014	HOURS TESTED: 24	TEST PRODUCTION RATES: →	OIL – BBL: 97	GAS – MCF: 83	WATER – BBL: 146	PROD. METHOD: Rod Pump
CHOKE SIZE: 34/64	TBG. PRESS. 80	CSG. PRESS. 90	API GRAVITY 40.20	BTU – GAS 1	GAS/OIL RATIO 856	24 HR PRODUCTION RATES: →	INTERVAL STATUS: Open

INTERVAL B (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

INTERVAL C (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

INTERVAL D (As shown in item #26)

DATE FIRST PRODUCED:	TEST DATE:	HOURS TESTED:	TEST PRODUCTION RATES: →	OIL – BBL:	GAS – MCF:	WATER – BBL:	PROD. METHOD:
CHOKE SIZE:	TBG. PRESS.	CSG. PRESS.	API GRAVITY	BTU – GAS	GAS/OIL RATIO	24 HR PRODUCTION RATES: →	INTERVAL STATUS:

32. DISPOSITION OF GAS (Sold, Used for Fuel, Vented, Etc.)

Used for Fuel

33. SUMMARY OF POROUS ZONES (Include Aquifers):

Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

34. FORMATION (Log) MARKERS:

Formation	Top (MD)	Bottom (MD)	Descriptions, Contents, etc.	Name	Top (Measured Depth)
				Trona	2,810
				Mahogany	2,962
				Garden Gulch	3,652
				B Marker	4,044
				X Marker	4,532
				Y Marker	4,568
				Douglas Creek	4,672
				B Lime	5,045
				Castle Peak	5,620
				Basal Carbonate	6,034

35. ADDITIONAL REMARKS (Include plugging procedure)

All Frac and Perf Info is condensed. Please see NOI and Subsequent Frac Sundry for detailed record.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

NAME (PLEASE PRINT) Rodrigo JuradoTITLE Regulatory Compliance SpecialistSIGNATURE DATE 3/26/2014

This report must be submitted within 30 days of

- completing or plugging a new well
- drilling horizontal laterals from an existing well bore
- recompleting to a different producing formation
- reentering a previously plugged and abandoned well
- significantly deepening an existing well bore below the previous bottom-hole depth
- drilling hydrocarbon exploratory holes, such as core samples and stratigraphic tests

* ITEM 20: Show the number of completions if production is measured separately from two or more formations.

** ITEM 24: Cement Top – Show how reported top(s) of cement were determined (circulated (CIR), calculated (CAL), cement bond log (CBL), temperature survey (TS)).

Send to: Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

Phone: 801-538-5340

Fax: 801-359-3940

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(See other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0137
(Expires August 31, 1985)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. a. TYPE OF WELL: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other <input type="checkbox"/>		7. UNIT AGREEMENT NAME 14-20-H62-4650	
b. TYPE OF COMPLETION: New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Reserv. <input type="checkbox"/> Other <input type="checkbox"/>		8. FARM OR LEASE NAME	
2. NAME OF OPERATOR PETROGLYPH OPERATING COMPANY, INC.		9. WELL NO. Ute Tribal 20-14	
3. ADDRESS OF OPERATOR P.O. BOX 607, ROOSEVELT, UT 84066 (435) 722-2531		10. FIELD AND POOL, OR WILDCAT Antelope Creek	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 885' FSL 2000' FWL At top prod. interval reported below At total depth 6157' RTD		11. SEC., T., R., M., OR BLOCK AND 1 SURVEY OR AREA SESW Sec. T5S-R3W	
15. DATE SPUDDED 2/17/98		16. DATE T.D. REACHED 2/23/98	
20. TOTAL DEPTH, MD & TVD 6157' TD		21. PLUG BACK T.D., MD & TVD 6081' PBTD	
24. PRODUCING INTERVAL(S) OF THIS COMPLETION -- TOP, BOTTOM, NAME (MD AND TVD)* Green River B6.3, B8, C4, C5.2, C6.1, D3.3		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Gamma Ray to surface, Density-Compensated Neutron Porosity, AIT (normal suite)		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
Casing Size		Weight, lb./ft.	
8-5/8"		24	
5-1/2"		15.5	
Depth Set (MD)		Hole Size	
269'		12-1/4"	
6129'		7-7/8"	
Cementing Record		Amount Pulled	
165 sxs Class G			
125 sxs Highfill, 340 sxs Thixotropic			
29. LINER RECORD			
Size		Top	
Bottom (MD)		Sacks Cement*	
Screen (MD)		Size	
2-7/8"		4962'???	
30. TUBING RECORD			
Size		Depth Set (MD)	
2-7/8"		4962'???	
Packer Set (MD)			
31. PERFORATION RECORD (Interval, size and number)			
CONFIDENTIAL			
D3.3 5102-06' (16 holes) C6.1 4853-57' (16 holes) C5.2 4748-52' (16 holes) C4 4681-85' (16 holes) B8 4354-64' (40 holes)			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
Depth Interval (MD)		Amount and Kind of Material Used	
5044-47'		6000 gals Boragel 30, 8000# 20/40 prop	
4853-57'		11374 gals Boragel 30, 29200# 20/40 prop	
4748-52'		9303 gals Boragel 30, 11500# 20/40 prop	
4681-85'		11374 gals Boragel 30, 32500# 20-40 prop	
4354-64'		18274 gals Boragel 30, 75000# 20/40 prop	
33. PRODUCTION			
Date First Production 3/27/98		Production Method (Flowing, gas lift, pumping - size and type of pump) 2 1/2" x 1-3/4" x 16' 40 ring PA pump	
Well Status (Producing or shut-in) producing		WATER - BBL 40	
DATE OF TEST 4/16/98		HOURS TESTED 24	
CHOKE SIZE		PROD/N FOR TEST PERIOD	
OIL - BBL. #		GAS - MCF. 125	
FLOW. TUBING PRESS.		CASING PRESSURE 1000	
CALCULATED 24 HR. RATE		OIL - BBL.	
GAS - MCF.		WATER - BBL.	
OIL GRAVITY - API (CORR.)			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold, used for fuel			
TEST WITNESSED BY Dave Schreiner			
35. LIST OF ATTACHMENTS None			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			

Signed

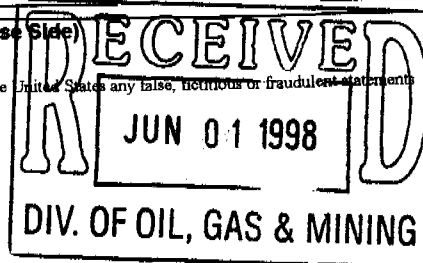
Donna Bell

Title Operations Coordinator

Date 5/11/98

*(See Instructions and Spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly or willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof, cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38. GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
Ute Tribal 20-14						
B Marker	4022					
X Marker	4514					
Douglas Creek	4646					
B Limestone	5028					
Castle Peak	5588					
Basal Carbonate	6006					
		CONFIDENTIAL				

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" for such proposals

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.
14-20-H62-3515

6. If Indian, Allottee or Tribe Name
Ute Indian Tribe

7. If Unit or CA, Agreement Designation
14-20-H62-4650

8. Well Name and No.
Ute Tribal 20-14

9. API Well No.
43-013-31982

10. Field and Pool, or Exploratory Area
Antelope Creek

11. County or Parish, State
Duchesne County, UT

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Petroglyph Operating Company, Inc.

3. Address and Telephone No.

P.O. Box 607, Roosevelt, UT 84066 (435) 722-2531

4. Location of Well (Footage, Sec., T., R., or Survey Description)

**885' FSL 2000' FWL
SESW Sec. 20-T5S-R3W**

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other - Convert to Injector

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Petroglyph Operating Company, Inc. has submitted an application for a UIC permit to convert the Ute Tribal 20-14 from a producing well to an injection well under the EPA Area Permit #UT2736-00000 within the Antelope Creek Waterflood Project Area located in Duchesne County, Utah.

Accepted by the
Utah Division of
Oil, Gas and Mining
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MAR 09 2000

DIVISION OF
OIL, GAS AND MINING

14. I hereby certify that the foregoing is true and correct

Signed *Mark Smith* Title Operations Coordinator

Date 3-7-00

(This space for Federal or State official use)

Approved by _____ Title _____

Date _____

Conditions of Approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter in its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

5. Lease Serial No.
1420H623515

6. If Indian, Allottee or Tribe Name
UTE INDIAN TRIBE

7. If Unit or CA/Agreement, Name and/or No.
1420H624650

8. Well Name and No.
UTE TRIBAL 20-14

9. API Well No.
43-013-31982

10. Field and Pool, or Exploratory
ANTELOPE CREEK

11. County or Parish, and State
DUCHESNE COUNTY, UT

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
PETROGLYPH OPERATING COMPANY,

Contact: MICHEAL SAFFORD
E-Mail: msafford@petroglyphenenergy.com

3a. Address
P.O. BOX 607
ROOSEVELT, UT 84066

3b. Phone No. (include area code)
Ph: 435.722.2531
Fx: 435.722.9145

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T5S R3W Mer SESW

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> WRK
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

The above referenced well was acidized and reperforated to improve production starting 2/27/2001 and was put back to production on 3/5/2001.

Zones Perforated
4222-36; 4341-68, 4371-82, 4738-44, 4746-56, 4835-39, 4846-50; 4 SPF 120 deg phasing

Zones acidized
4835-57 treated with 500 gallons 15% HCL and additives.
4738-56 treated with 750 gallons 15% HCL and additives.
4681-85 treated with 500 gallons 15% HCL and additives.
4341-82 treated with 2000 gallons 15% HCL and additives.
4222-36 treated with 750 gallons 15% HCL and additives.

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JUN 22 2001

DIVISION OF
OIL, GAS AND MINING

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #4736 verified by the BLM Well Information System
For PETROGLYPH OPERATING COMPANY,, sent to the Vernal

Name (Printed/Typed) MICHEAL SAFFORD

Title COORDINATOR

Signature

Date 06/05/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

2. NAME OF OPERATOR:
Petroglyph Operating Company, Inc.

3. ADDRESS OF OPERATOR: P. O. Box 607 CITY Roosevelt STATE UT ZIP 84066 PHONE NUMBER: (435) 722-5304

4. LOCATION OF WELL

FOOTAGES AT SURFACE: **885' FSL 2000' FWL**

QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: **SESW 20 T5S R3W**

5. LEASE DESIGNATION AND SERIAL NUMBER:
1420H623515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
Ute Indian Tribe

7. UNIT or CA AGREEMENT NAME:
1420H624650

8. WELL NAME and NUMBER:
Ute Tribal 20-14

9. API NUMBER:
4301331982

10. FIELD AND POOL, OR WILDCAT:
Antelope Creek

COUNTY: **Duchesne**

STATE: **UTAH**

11. **CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: <u>2/1/2007</u>	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input checked="" type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

First date of Injection February 1, 2007

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY

NAME (PLEASE PRINT) Steve Wall

TITLE Manager

SIGNATURE Steve Wall

DATE 2/1/2007

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DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Conversion</u>		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
2. NAME OF OPERATOR: Petroglyph Operating Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P. O. Box 607 CITY <u>Roosevelt</u> STATE <u>UT</u> ZIP <u>84066</u>		7. UNIT or CA AGREEMENT NAME: 1420H624650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 885' FSL 2000' FWL SESW Sec. 20, T5S, R3W		8. WELL NAME and NUMBER: Ute Tribal 20-14
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SESW 20 R5S R3W		9. API NUMBER: 4301331982
COUNTY: Duchesne		10. FIELD AND POOL, OR WILDCAT: Antelope Creek
STATE: UTAH		

11. **CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: <u>2/2/2007</u>	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input checked="" type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This sundry is serving notice that Petroglyph Operating Company, Inc. (POCI) plans to convert the Ute Tribal 20-14 to an injection well from a producing well. This work is being performed under the area UIC permit UT 20736-0661. POCI has obtained approval from EPA. After the conversion is complete, POCI will submit the necessary information to the EPA to obtain approval to begin injection operations.

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY

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FEB 23 2007
DIV. OF OIL, GAS & MINING

NAME (PLEASE PRINT) <u>Steve Wall</u>	TITLE <u>Manager</u>
SIGNATURE <u>Steve Wall</u>	DATE <u>2/2/2007</u>

(This space for State use only)

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Conversion</u>		5. LEASE DESIGNATION AND SERIAL NUMBER: 1420H623515
2. NAME OF OPERATOR: Petroglyph Operating Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME: Ute Indian Tribe
3. ADDRESS OF OPERATOR: P. O. Box 607 CITY <u>Roosevelt</u> STATE <u>UT</u> ZIP <u>84066</u>		7. UNIT or CA AGREEMENT NAME: 1420H624650
4. LOCATION OF WELL FOOTAGES AT SURFACE: 885' FSL 2000' FWL SESW Sec. 20, T5S, R3W		8. WELL NAME and NUMBER: Ute Tribal 20-14
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SESW 20 R5S R3W		9. API NUMBER: 4301331982
COUNTY: Duchesne		10. FIELD AND POOL, OR WILDCAT: Antelope Creek
STATE: UTAH		

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TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
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<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: _____
	<input checked="" type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well has been converted from production to injection to support the ongoing secondary water flood currently active in the Antelope Creek Field. The Rods and 2 7/8" tubing have been removed and an injection 2 3/8" J-55 4.7# injection string has been installed with packer set at 4115' +/- KB. Packer fluid has been circulated in the csg and a successful MIT conducted. Drilled out CIBP @ 5088' and no additional down hole changes.

**Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY**

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FEB 23 2007
DIV. OF OIL, GAS & MINING

NAME (PLEASE PRINT) <u>Steve Wall</u>	TITLE <u>Manager</u>
SIGNATURE <u><i>Steve Wall</i></u>	DATE <u>2/2/2007</u>

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